

Questions MDH/OPASS 20-18592

Inbox

Chad Corwell

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We have a couple other follow-up questions we would like to address prior to bidding.

1. Section 2.3.2.8 - For Patients/residents/clients having insurance, the Contractor shall bill the person's insurance for any medications and accept that amount paid by the insurance as payment in full. Over the counter medications are not covered by insurance and shall be billed to the facility. My question is what are we to do about deductibles and copayments for these residents? I assume they are to be billed to the facility as well, or will they be treated like private pay residents and billed to the patient's responsible party?

Department Response

Holly Center- At this time, the facility pays the deductibles and/or copayments for our residents, as billed

JLG-RICA MOST INSURANCE WILL BE MEDICAID. SOME PATIENTS MAY HAVE PRIVATE INSURANCE AS WELL AS MEDICAID AND SINCE MEDICAID IS A PAYOR OF LAST RESORT CO-PAYS MAY BE PAID BY THEM

Deer's Head Center The facility would be billed.

2. Section 2.3.3.2 – Contractor shall deliver medication exchanges in an 8 to 14-day unit dose supply for each patient/resident/client every 8 or fourteen days. Is this requirement for all oral routine maintenance medications? Would the facility/state be open to receiving low cost generic in 28- day cycles and brands in 14-day cycles? This would lower the cost in the time to fill and check the orders, as well as reduce the risk for errors.

Department Response

Holly Center- At this time, we would be willing to have higher day cycles however the medication carts supplied by the pharmaceutical provider would have to be able to accommodate them. We must have a size that can go out with the medication cart for all liquids.

JLG-RICA THIS WOULD NOT BE AN OPTION WITH LIMITED SPACE IN MED CARTS AND USING A CARTRIDGE SYSTEM.

Deer's Head Center Four providers round on residents and patients daily and adjust medications almost as frequently. The current arrangement is to keep up with all the changes, remain cost effective, and issue credits if necessary, in a timely fashion.

3. Section 2.3.3.6 – Any discontinued medications shall be removed from the medication cart at the time of delivery of a new medication and a credit shall be applied for all returns. – Just a note or comment that all medications cannot be returned by state law. For example controlled medications and opened/used medications, these items must be destroyed and no credit can be given.

Department Response – See additional wording - As allowable by law and regulation...

4. Section 2.3.10.4 – The contractor shall update the electronic formulary used in the EMR interface as changes are approved and made. By not knowing which interface or EMR system the facility will be using, it is almost impossible to comply with this request as it is unknown how this process will even work and how the contractor will update this list.

Department Response

Deer's Head Center - current Pharmacy uses FrameworkLTC which has been interfaced with Optimus EMR. Optimus is HL7 compliant and interfaces with many pharmacy software

5. Section 3.5.1 – Disaster Recover Site 100 miles from corporate office. Is the 100 miles a firm number? Our current DR site is approximately 25 miles from our normal operating pharmacy.

Department Response – This requirement will remain unchanged.

Thank you,

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